

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City..... St. Louis

FEB 8 1937

Registration District No.

Primary Registration District No.

(No. 915 0'Fallon

791

1003

2

File No. 3832

Registered No.

St. 870 Ward

2. FULL NAME Mary Brown

(a) Residence, No. 915 0'Fallon

St. 25 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 10, 1904

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

33

3

7

8

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housework

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Private Family

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Stanton

Ill.

FATHER

13. NAME

Will Freeman

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

La.

MOTHER

15. MAIDEN NAME

Mary Boles

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

17. INFORMANT

(ADDRESS)

Rev. William Fisher

915 0'Fallon St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father Dickson

DATE

1/22/37

19

19. UNDERTAKER

(ADDRESS)

S. Wade Und. Co.,

4202 Finney Ave.

20. FILED

JAN 20 1937

J. H. Bredeck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 18, 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan. 16, 1937, to Jan. 18, 1937

I last saw him alive on Jan. 18, 1937

Death is said

to have occurred on the date stated above, at 12:5 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Jan. 15

Other contributory causes of importance

L. suff. nod. g. f. c.

Name of operation

What test confirmed diagnosis

Where an autopsy

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bredeck

(Address) 1711 N. 10th St.

M. D.

